

# Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2018



U.S. Department of  
Labor  
Occupational Safety and Health  
Administration

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, Days Away From Work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name **FTW3**

Company Name **Amazon.com.kydc LLC**

City **Fort Worth** State **Texas**

Identify the person		Describe the case		Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:						
(A) Case/Employee's Name no.	(B) Job title (e.g., Welder)	(C) Date of injury or onset of illness	(D) Where the event occurred (e.g., Loading dock north end)	(E) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Using these four categories, check ONLY the most serious result for each case:											
					Death	Days away from work	Remained at work	Other record- able cases	Away from work (K)	On job transfer or restriction (L)	(M)					
					(G)	(H)	Job transfer or restriction (I)	Other record- able cases (J)			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
											(1)	(2)	(3)	(4)	(5)	(6)
Amazon Warehouse Associate	1/12	FTW3 Vendor Returns	Sprain/strain, Back, Lower Back, Product: Heavy / Bulky		<input checked="" type="checkbox"/>			46 days	0 days	<input checked="" type="checkbox"/>						
Amazon Warehouse Associate	1/17	At the FTW3 VNA PIT learning corral	Sprain/strain, Knee, Right Knee, None			<input checked="" type="checkbox"/>		0 days	46 days	<input checked="" type="checkbox"/>						
Amazon Warehouse Associate	1/18	Pack station 6	Sprain/strain, Back, Lower Back, None		<input checked="" type="checkbox"/>			82 days	1 days	<input checked="" type="checkbox"/>						
Amazon Warehouse Associate	1/22	HS pack station 16	Sprain/strain, Back, Lower Back, None		<input checked="" type="checkbox"/>			100 days	0 days	<input checked="" type="checkbox"/>						
Amazon Warehouse Associate	2/8	FTW3/4	Sprain/strain, Neck, Neck, None		<input checked="" type="checkbox"/>			6 days	0 days	<input checked="" type="checkbox"/>						
Amazon Warehouse Associate	2/10	FTW3/4	Laceration/cut/open wound, Head - Facial Area, Left Wrist, Cart: U-Box		<input checked="" type="checkbox"/>			17 days	0 days	<input checked="" type="checkbox"/>						
Amazon Warehouse Associate	2/21	Inbound Stow	Sprain/strain, Back, Lower Back, Left Elbow, None		<input checked="" type="checkbox"/>			10 days	0 days	<input checked="" type="checkbox"/>						
Amazon Warehouse Associate	2/24	FTW4 Pick to Rebin cell east 3	Eye irritation, Eye, Left Eye, Debris: Dust				<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>						
Amazon Warehouse Associate	3/1	Horseshoe line loading	Sprain/strain, Back, Lower Back, None		<input checked="" type="checkbox"/>			6 days	0 days	<input checked="" type="checkbox"/>						
Amazon Warehouse Associate	4/4	FTW4 East side bathroom	Sprain/strain, Shoulder, Right Shoulder, Equip: Other		<input checked="" type="checkbox"/>			180 days	0 days	<input checked="" type="checkbox"/>						
Amazon Warehouse Associate	4/17	FTW4 OB Ship Dock, DD258 trailer# w24946 BNLS/INJIE, VRIID 1115RFVFC	Sprain/strain, Wrist, Left Wrist, Facility: Floor		<input checked="" type="checkbox"/>			10 days	68 days	<input checked="" type="checkbox"/>						
Amazon Warehouse Associate	4/18	FTW3/4 Trailer Yard Parking Slip P5504	Sprain/strain, Back, Lower Back, Vehic: Truck		<input checked="" type="checkbox"/>			3 days	0 days	<input checked="" type="checkbox"/>						
Amazon Warehouse Associate	5/13	FTW4 OB Pack Chubins	Fracture, Toe, Right Middle Toe, Product: Heavy / Bulky		<input checked="" type="checkbox"/>			84 days	0 days	<input checked="" type="checkbox"/>						
Amazon Warehouse Associate	5/14	FTW4 Flats station #	Bruise, Wrist, Right Wrist, None		<input checked="" type="checkbox"/>			25 days	0 days	<input checked="" type="checkbox"/>						
Amazon Warehouse Associate	5/17	Workstation 1379	Sprain/strain, Back, Lower Back, Equip: Other		<input checked="" type="checkbox"/>			13 days	0 days	<input checked="" type="checkbox"/>						
Amazon Warehouse Associate	6/11	FTW3	Sprain/strain, Knee, Right Knee, None		<input checked="" type="checkbox"/>			2 days	0 days	<input checked="" type="checkbox"/>						
Amazon Warehouse Associate	6/21	FTW4 Inbound at stow station 1159	Sprain/strain, Wrist, Lower Back, None				<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>						

Warehouse Associate Amazon	6/23	FTW4 IB Stow #1158	Sprain/strain, Shoulder, Right Shoulder, Product: Merch Lift	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	6/27	FTW4 IB Dock Area	Sprain/strain, Leg, Right Thigh, Right Hamstring, Right Calf, Right Knee, Right Shin, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	7/6	station 1123	Sprain/strain, Shoulder, Left Shoulder, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	7/27	FTW3	Sprain/strain, Wrist, Right Wrist, Product: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 days	12 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	8/10	Vendor Returns	Sprain/strain, Elbow, Right Shoulder, Product: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	130 days	50 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	8/22	VNA on order picker	Sprain/strain, Leg, Right Hamstring, PIT, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	129 days	51 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	8/26	Ind	Sprain/strain, Wrist, Left Wrist, Right Wrist, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 days	58 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	8/30	Inbound stow FTW4	Sprain/strain, Hand, Left Hand, Product: Heavy / Bulky	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	9/1	Hear pole F18 on the green mile	Bruise, Back, Lower Back, Facility: Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	9/16	Amazon FTW3/4	Sprain/strain, Elbow, Right Elbow, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	10/1	Pick to rebin	Sprain/strain, Shoulder, Right Shoulder, Product: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34 days	39 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	10/2	Column B34	Laceration/cut/open wound, Head - Facial Area, Mouth, Equip: Scanner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	10/23	Pick Station	Sprain/strain, Wrist, Left Wrist, Product: Heavy / Bulky	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	10/30	Stow station 1175	Sprain/strain, Wrist, Left Wrist, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	11/26	FTW4 Pack Singles	Sprain/strain, Shoulder, Right Shoulder, Product: Heavy / Bulky	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	142 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	11/28	FTW4 Pack Singles	Sprain/strain, Elbow, Left Elbow, Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 days	25 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	12/10	FTW4 Pack Singles	Sprain/strain, Wrist, Left Wrist, Right Wrist, Product: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	12/15	FTW4	Sprain/strain, Shoulder, Right Shoulder, Mats: Corrugate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86 days	18 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	12/18	FTW4 Pack Singles Station 16	Sprain/strain, Wrist, Left Wrist, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 days	63 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Associate Amazon	12/20	FTW4	Sprain/strain, Arm, Left Forearm, Left Upper Arm, Left Elbow, Tote: Tote - w/ product	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 days	59 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Page totals				0	33	1	3	1,328	578	37	0	0	0	0	0

Injury  
 Skin Disorder  
 Respiratory Condition  
 Poisoning  
 Hearing Loss  
 All other illnesses  
 (1) (2) (3) (4) (5) (6)

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.